

**ADDITIONAL LICENSE CATEGORY APPLICATION**

Form Code: PSS\_LC Fee Code: 124

**Application Fee - \$50.00 per Category**Check or Money Order payable to:  
Treasurer, Commonwealth of Virginia

Or apply online:

[www.dcjs.virginia.gov/privatesecurity/watson.cfm](http://www.dcjs.virginia.gov/privatesecurity/watson.cfm)**Application Fees are Non-Refundable****COMMONWEALTH OF VIRGINIA***Department of Criminal Justice Services***Private Security Services Section****P.O. Box 10110****Richmond, VA 23240-9998****Phone #: (804) 786-4700; Fax #: (804) 786-6344****Website: [www.dcjs.virginia.gov/privatesecurity](http://www.dcjs.virginia.gov/privatesecurity)****Status Hotline: (804) 786-1132 or 1-877-9STATUS**

1. Business Name: \_\_\_\_\_

2. Trading As: \_\_\_\_\_

3. Compliance Agent: \_\_\_\_\_ DCJS ID # 99- \_\_\_\_\_

4. DCJS License # 11- \_\_\_\_\_ Telephone: Business \_\_\_\_\_ Fax \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_  
Number and Street City/Town State Zip6. May the Department provide information via an e-mail address? ☐ Yes ☐ No

7. E-Mail Address: \_\_\_\_\_

8. Additional Category(s) Requested: (Check each that apply)

☐  
☐  
☐

Private Investigator

Personal Protection Specialist

Armored Car Personnel

☐  
☐  
☐

Security Canine Handlers

Security Officers/Couriers

Electronic Security Services\*

Note: A \$50.00 category fee is required for each additional category selected.

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Sections 9.1-138 through 9.1-150 and the Regulations Relating to Private Security Services 6 VAC 20-171.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy